

Performance Measurement

What does it mean to do well?

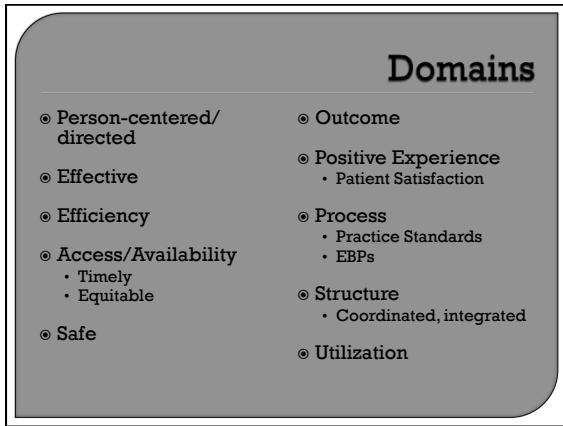
How will we know?

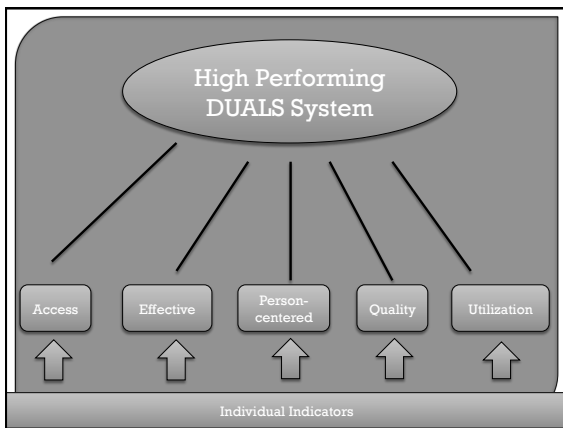
Sources

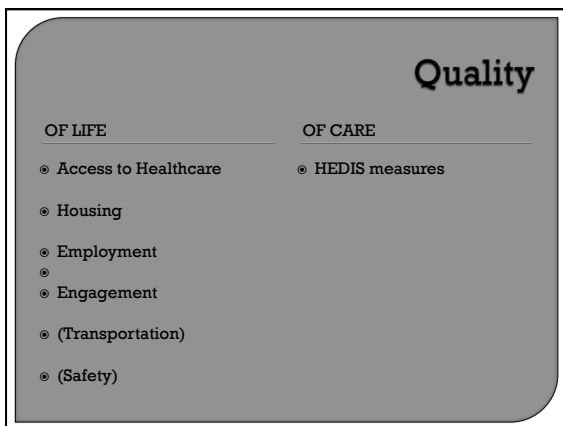
- National Core Indicators (NCI)
- SAMHSA
- NCQA/IOM
- CHCS (Center for Health Care Strategies)
- Blueprint for Health
- AARP/LTSS Scorecard
- Council on Quality and Leadership (CQL)
- WHO/ICF

Rules/Principles

- The patient is the source of control
- Caregivers, family supported
- Care is customized, relational
- Knowledge is shared
- Safety is system responsibility
- Decision-making is evidence-based, shared
- Transparency is necessary
- Needs are anticipated
- Waste is decreased
- Cooperation/integration is a priority







Criteria

- Relevant & meaningful
 - Applicable
- Scientifically acceptable and usable
 - improvements in process → improvements in outcomes
 - Easily interpreted
- Feasibility
 - Measurable
 - Is data available
- Value-added

Person-centered Excellence

Each person has a vision for what really matters that flows from a singular life history; a range of experiences and emotions; and unique dreams and goals.

We provide each person with unconditional acceptance and the support to live his or her own life – to plan, to contribute, to participate, to choose – and to be respected and valued.

Indicators:
Person-Centeredness

- **FACTORS**
 - **Assessment and Discovery**
 - Fair, accurate, heard
 - **Planning**
 - Responsive to change, integrates natural supports
 - **Supports and Services**
 - Flexible, accessible, self-directed
 - **Community Connection**
 - Peer support, skill building

Indicators

Person-centeredness

- **Workforce**
 - Stable, qualified, culturally competent, flexible
- **Governance**
 - Practices person-centered and system-linked
- **Quality and accountability**
 - Integrated, measured, participants evaluate, public informed
- **Individual budgets**
 - Fair and ample, self-managed, portable

NCI Performance Assessment

Personal Outcomes

- Employment & Community Inclusion
- Choice & Decision-making
- Relationships

System Performance

- Support Coordination
- Utilization
- Finance

Family Perspectives

- Choice & Control
- Satisfaction

NCI Framework

- 100 Core Performance and Outcome Measures
- Five Domains

SAMHSA

Domains and Measures

- ◉ Access
 - Timely response
- ◉ Administrative
 - Timely payment, Calls on hold
- ◉ Coordination
 - Follow-up after hospitalization
- ◉ Cost
- ◉ Evidence-based
 - ACT
- ◉ Inter-system
 - No arrests
 - Satisfaction with housing

- ◉ Outcomes
 - Recovery, work, adverse events
- ◉ Practice Standard
 - Off-label antipsychotic prescriptions
- ◉ Prevention
- ◉ Providers
 - Turnover, Credentialing
- ◉ Quality
 - Better able to...
- ◉ Satisfaction
- ◉ Utilization
 - Rate of commitment
 - Rate of service denials
 - Service use by geography
 - Length of stay

Institute of Medicine

- ◉ Safe
- ◉ Timely
- ◉ Equitable
- ◉ Accessible
- ◉ Effective
- ◉ Efficient
- ◉ Person-centered

CHCS

Figure 1: ICP Performance Measurement Domains

- Prevention
- Utilization
- Community Integration
- Care Coordination
- Effectiveness of Care
- Palliative Care
- Behavioral Health
- Functional Status
- Medication Management

- Consumer Satisfaction
- Family/Caregiver Support/Satisfaction
- Access to Care (e.g., timeliness and location)
- Safety
- Health Plan Stability
- Population/Condition Specific
- Self-Direction
- Service Integration/Care Transitions

CHCS

Figure 2: Selection Criteria

- What additional information and value will collecting this measure give the program (i.e., will it stimulate continuous quality improvement)?
- How feasible (cost, timing, technology, and resources) is it to implement this measure?
- Can this type of information be collected through existing/easy to access data sources?
- Is this measure scientifically strong (derived from comparable data sources, based on evidence-based standards)? If there are no rigorously tested measures in the domain area, is this measure reasonably strong or does it fill an important role that has been missing to date?
- Would the data collected through this measure be relevant to various stakeholders (Medicaid agencies, health plans, CMS)?
- Are these types of data relevant across health plans?
- Is this something for which the state can hold health plans accountable?
